



KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

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AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize any doctor, hospital, employer, or other person to whom a signed or photocopy of this authorization is delivered, to furnish any information, reports, or copies of records which may be requested by the Kentucky Board of Chiropractic Examiners Peer Review Committee. This authorization is to allow the Committee to proceed with the review of my case.

Further, I hereby certify that copies of all documentation in my possession regarding this case have been submitted to the Committee for review.

Signature of Patient

Date